Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ FCL001140 08/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3524 DICKEY MILL ROAD **CREEKVIEW FAMILY CARE HOME MEBANE, NC 27302** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report by Robin Fay and Rick Benton A Biennial follow-up survey was conducted on August 5, 2015 from 1:00pm to 2:00pm at the above referenced facility. Several listed deficiencies remain uncorrected from the May 5. 2015 Biennial survey. There were also new deficiencies from the August 5, 2015 Biennial follow-up survey that will be addressed in this report. The new and uncorrected deficiencies will require another Plan of Correction. They are as follows: {C 153} Houskeeping And Furnishings-Clean, Repaired {C 153} SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND **FURNISHINGS** (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1) In the Kitchen, the cabinet to the left of the **08/05/2015 RB/RF The air exchange range is missing the bottom drawer. Locate and vent in the water heater/furnance closet is install the missing drawer. Proof of completed in need of cleaning and painting or work must be provided by way of receipts. replacement. invoices, photographs, etc. Forward proof of completed work with you plan of correction. *05/05/2015-PD: Observations during the Follow-Up Survey indicated that the drawer is still missing. Locate and install the missing drawer. Proof of completed work must be provided by way of receipts, invoices, photographs, etc.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: U1		R	
FCL001140		B. WING		08/05/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CREEKVIEW FAMILY CARE HOME 3524 DICKEY MILL ROAD MEBANE, NC 27302						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 153}	Continued From page 1		{C 153}			
	Forward proof of completed work with you plan of correction.					
	uncorrected. At the was being held in p deficiency must be	RF: This deficiency remains time of the survey, the drawer lace with duct tape. This corrected. Provide to our g documentation that verifies				
{C 174} Building Equipment Maintained Safe, Operating			{C 174}			
	EQUIPMENT (a) The building armechanical, and plucare home shall be operating condition	and all fire safety, electrical, umbing equipment in a family maintained in a safe and				
	This Rule is not met as evidenced by: NEW DEFICIENCIES			**RB/RF The air exchange vent fo		
	den leading to the p below the glass on doors. Provide to c	ne home, the doors from the borch/deck have rotted wood the lower sections of both our office any supporting verifies the completed work.		furance and water heater closet is of cleaning and painting or replace		
	home is extremely technician to have t	e den leading to the rear of the stained. Contact a qualified the carpet cleaned. Provide to from the carpet technician that ted work.				

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